

## CRIME REPORT

POLICE DEPARTMENT

TOLEDO, OHIO Form 38.1(e) Rev. 3/97

UCR Code

1. VICTIM Last, First, Middle (Firm Name If Business)  
State Of Ohio2. Report No.  
034128-10

5. R.A.

3. Crime (List Additional in Narrative)

## FAILURE TO DISCLOSE PERSONAL INFORMATION

4. Location of Occurrence  
702 Hayes

|   |   |  |                |   |                   |      |  |            |                        |
|---|---|--|----------------|---|-------------------|------|--|------------|------------------------|
| <input type="checkbox"/> HATE/BIAS<br><input type="checkbox"/> JUVENILE<br><input type="checkbox"/> GANG RELATED<br><input type="checkbox"/> BAR<br><input type="checkbox"/> OFFICER ASSAULTED<br><input type="checkbox"/> CRIME ANALYSIS | If Hate/Bias Give Type  |  |                | 7. Type of Premises or Business Where Offense Was Committed<br>Street |                   |      |  |            |                        |
|   | 8. Victim Injured<br>Treatment                                      |  |                | 9. Date and Time Occurred<br>6-16-10 1730                             |                   |      | 10. Date and Time Reported<br>6-16-10 1730 |            |                        |
|   | 11. Reporting Person's Name (Last, First, Middle)<br>Listed Officer |  |                | 12. Victim's Race   |                   | Sex  | Age  | D.O.B.     | Social Security Number |
|   | 13. Reporting Person's Residence Address                            |  | 14. Res. Phone | 16. Victim's Residence Address  |                   | City |  | Zip        | 18. Res. Phone         |
|   | 17. Reporting Person's Business Address                             |  | 18. Bus. Phone | 19. Victim's Business Address   |                   | City |  | Zip        | 20. Bus. Phone         |
|   | 21. WITNESS NO. 1 NAME (Last, First, Middle)                        |  |                | Age   | Residence Address |      |  | Zip Code   | Res. Phone             |
| WITNESS NO. 2 NAME (Last, First, Middle)  |   |  | Age            | Residence Address   |                   |      | Zip Code                                   | Res. Phone | Bus. Phone             |

|                                  |                         |      |      |                            |       |                           |        |  |           |  |
|----------------------------------|-------------------------|------|------|----------------------------|-------|---------------------------|--------|--|-----------|--|
| <input type="checkbox"/> VEHICLE | Color                   | Year | Make | Model                      | Style | License No. (State, Year) | V.I.N. |  |           |  |
|                                  | Registered Owner's Name |      |      | Registered Owner's Address |       |                           | HOLDER |  | TOWED BY: |  |

|  |  |  |  |          |               |   |            |   |            |                                |          |
|--|--|--|--|----------|---------------|---|------------|---|------------|--------------------------------|----------|
| <input type="checkbox"/> SUSPECT                           | SUSPECT NO. 1 - NAME (Last, First, Middle)<br>Northrup, Shawn C. |  |  | 24. Race | 25. Sex       | 26. Age                                     | 27. D.O.B. | 28. Hgt.                                    | 29. Weight | 30. Hair                       | 31. Eyes |
|  |  |  |  | W        | M             | 41  | 6-21-68    | 6-2   | 240        | BRO                            | BRO      |
|  | 32. Address (Apt. No.)<br>111 Dulton Toledo                      |  |  | Zip Code | Phone         | 33. Date and Time of Arrest<br>6-16-10 1730 |            | 34. F.C.O./Summons Cr. Date<br>6-25-10 1300 |            |                                |          |
|  | 35. Relation to Victim   |  |  |          |               | 36. Arrest                                  |            | warrant/attachment                          | T.P.O.     | 38. Arrest Number<br>APC 40264 |          |
| 39. Clothing and Other Identifiers (Scars, Marks, Tattoos) |  |  |  |          | 40. Weapon(s) |   |            |   |            |                                |          |

|  |  |  |                       |            |               |                             |                    |                             |                   |          |          |
|--|--|--|-----------------------|------------|---------------|-----------------------------|--------------------|-----------------------------|-------------------|----------|----------|
| <input type="checkbox"/> SUSPECT                           | SUSPECT NO. 2 - NAME (Last, First, Middle) |  |                       | 24. Race   | 25. Sex       | 26. Age                     | 27. D.O.B.         | 28. Hgt.                    | 29. Wgt           | 30. Hair | 31. Eyes |
|  | 32. Address (Apt.)                         |  |                       | Zip Code   | Phone         | 33. Date and Time of Arrest |                    | 34. F.C.O./Summons Cr. Date |                   |          |          |
| 35. Relation to Victim                                     |  |  | 38. Social Security # | 37. Arrest |               |                             | warrant/attachment | T.P.O.                      | 36. Arrest Number |          |          |
| 39. Clothing and Other Identifiers (Scars, Marks, Tattoos) |  |  |                       |            | 40. Weapon(s) |                             |                    |                             |                   |          |          |

|  |  |  |  |   |  |  |
|--|--|--|--|---|--|--|
| 41. PREMISES TYPE  |  |  |  | 42. POINT OF ENTRY  | 43. LOCATION   | 44. METHOD USED  |
| 1. <input type="checkbox"/> Single Family<br>2. <input type="checkbox"/> Apt/Duplex<br>3. <input type="checkbox"/> Hotel/Motel<br>4. <input type="checkbox"/> School<br>5. <input type="checkbox"/> Church<br>6. <input type="checkbox"/> Bar/Restaurant<br>7. <input type="checkbox"/> Bank<br>8. <input type="checkbox"/> Hospital/Medical<br>9. <input type="checkbox"/> Office Bldg<br>10. <input type="checkbox"/> Manufacturer<br>11. <input type="checkbox"/> Shopping Mall<br>12. <input type="checkbox"/> Chain Store<br>13. <input type="checkbox"/> Small Business<br>14. <input type="checkbox"/> Gas/convenience Store<br>15. <input type="checkbox"/> Parking Lot/Garage<br>16. <input type="checkbox"/> Park/Playground<br>17. <input checked="" type="checkbox"/> Highway/Street<br>18. <input type="checkbox"/> Field/Woods<br>19. <input type="checkbox"/> Other |  |  |  | 1. <input type="checkbox"/> Door<br>2. <input type="checkbox"/> Window<br>3. <input type="checkbox"/> Garage Door<br>4. <input type="checkbox"/> Adjacent Premise<br>5. <input type="checkbox"/> Wall<br>6. <input type="checkbox"/> Upper Floor<br>7. <input type="checkbox"/> Other | 1. <input type="checkbox"/> Front<br>2. <input type="checkbox"/> Rear<br>3. <input type="checkbox"/> Side<br>4. <input type="checkbox"/> Roof<br>5. <input type="checkbox"/> Other | 1. <input type="checkbox"/> Open/Unlocked<br>2. <input type="checkbox"/> Body/Force<br>3. <input type="checkbox"/> Pry/Cutting<br>4. <input type="checkbox"/> Break Glass<br>5. <input type="checkbox"/> Other Method<br>6. <input type="checkbox"/> Unknown |

|              |       |                      |  |       |                |       |
|--------------|-------|----------------------|--|-------|----------------|-------|
| 46. PROPERTY |       |                      |  | MODEL | SERIAL OR OAN# | VALUE |
| QTY.         | S R D | PROPERTY DESCRIPTION |  |       |                |       |
|              | S R D |                      |  |       |                |       |
|              | S R D |                      |  |       |                |       |
|              | S R D |                      |  |       |                |       |
|              | S R D |                      |  |       |                |       |

48. WHO NOTIFIED/AT SCENE: 805, 201, 212, 281

TOTAL \$0.00

49. Supervisor's Approval  
Bright, D. #2346 821C/2-5

49. Supervisor's Approval

CR 2011

50. DISPOSITION: A Death of Offender B Prosecution Declined C Extradition Denied D Victim Refuses to Cooperate E Juvenile/No Custody F Cleared by Arrest - Adult  
G Cleared by Arrest - Juvenile H Warrant Issued I Investigation Pending J Inactive  
K Unfounded L Adjusted U Unknown

To insert additional pages, select "Insert" on Menu Bar, then "File". Click on 'G0 38\_1 Page 2'.

To insert additional pages, select "Insert" on Menu Bar, then "File". Click on 'GO 38 1 Page 2'.

|   |  |  |           |
|---|--|--|-----------|
| 3 APPROVED DISPOSITION  |  | TOLEDO POLICE DEPARTMENT<br>SUPPLEMENTAL CRIME REPORT  |           |
| <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared - No Arrest<br><input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Adjusted<br><input type="checkbox"/> Investigation Continues <input type="checkbox"/> Inactive Case  |  | TPD 38.3<br>Rev. 4/95(e)   |           |
| 4 Location of Occurrence  |  | 1 VICTIM Person Reporting Offense<br>State Of Ohio   |           |
| 702 Hayes   |  | 2 Records Section No.<br>034128-10   |           |
| 5 Type of Premises or Name of Business Where Offense Was Committed<br>street  |  | 6 Victim's Race, Sex, Age D.O.B.      7 Date & Time of this Report<br>6-16-10 2000   |           |
| 8 Date & Time Occurred<br>6-16-10 1730  | 9 Date & Time Reported<br>6-16-10 1730     | 10 Address of Victim/Person Reporting      11 Phone  |           |
| 12 Form Used As: <input type="checkbox"/> CONTINUATION SHEET <input type="checkbox"/> SUPPLEMENTAL<br><input type="checkbox"/> FOR CURRENT REPORT <input checked="" type="checkbox"/> INFORMATION <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> INVESTIGATION   |  | 13 Further Police Action Req'd.<br><input type="checkbox"/> R.R.E. <input type="checkbox"/> DISPOSITION <input type="checkbox"/> YES <input type="checkbox"/> NO   |           |
| 14 Type of Report Continued:<br><input checked="" type="checkbox"/> CRIME <input type="checkbox"/> JUVENILE <input type="checkbox"/> FOLLOW-UP  |  | 15 Offense Reported as:<br><input type="checkbox"/> TMC <input type="checkbox"/> ORC      16 Change to:<br><input type="checkbox"/> TMC <input type="checkbox"/> ORC   |           |
| 17 (To Be Completed By Officer Preparing Felony Package)  |  | Arrest Date: _____ Prelim. Date: _____   |           |
| IDENTIFICATION      STATEMENT      SEARCH<br><input type="checkbox"/> On View <input type="checkbox"/> None <input type="checkbox"/> Incident to Arrest<br><input type="checkbox"/> One on One <input type="checkbox"/> Oral <input type="checkbox"/> Waiver of Search<br><input type="checkbox"/> Line Up <input type="checkbox"/> Taped <input type="checkbox"/> Written <input type="checkbox"/> Search Warrant<br><input type="checkbox"/> Photo <input type="checkbox"/> Waiver of Rights      P.R. Number |  | Criminal History: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Photo Enclosed: <input type="checkbox"/> YES <input type="checkbox"/> NO<br>Investigator(s): _____<br>Duey Hrs. _____ Phone: _____ |           |
| 18<br>The original caller for this incident is Allen Rose 21 Rochelle Toledo Oh 43625 567-742-7934  |  |  |           |
| 19 Officer Reporting - I.D. No.<br>david richard bright   | 20 Typed by: Date/Time<br>drb 6-16-10 2000 | 21 Supervisor's Approval   | Date Time |

|  |                   |                              |                  |                 |               |       |
|--|-------------------|------------------------------|------------------|-----------------|---------------|-------|
| CASE NO. ....  |                   | REC. NO. 034128-10           |                  |                 |               |       |
| RID NO. ....   |                   | STATE OF OHIO CITY OF TOLEDO |                  |                 |               |       |
| Name <u>Stephen</u> DOB <u>10-10-19</u>  |                   | NAME                         |                  |                 |               |       |
| Street <u>123 Main Street</u>  |                   | STREET                       |                  |                 |               |       |
| City, State, Zip <u>TOLEDO OH 43601</u>  |                   | ZIP                          |                  |                 |               |       |
| SEX <u>M</u>   | HEIGHT <u>6-1</u> | WEIGHT <u>240</u>            | HAIR <u>3B0</u>  | EYES <u>3B0</u> | RACE <u>4</u> | OTHER |
| D.O.B. <u>5-1-63</u>   |                   | S.S.N. <u>XXXXXX</u>         |                  |                 |               |       |
| ALIAS <u></u>  |                   |                              |                  | PHONE <u></u>   |               |       |
| PLACE OF EMPLOYMENT  |                   |                              |                  |                 |               |       |
| DATE <u>10</u>   | MONTH <u>JUNE</u> | YEAR <u>2010</u>             | TIME <u>1130</u> |                 |               |       |
| DESCRIPTION OF OFFENSE <u>Failure to disclose<br/>PC Benefit Information</u>   |                   |                              |                  |                 |               |       |
| LOCATION OF VIOLATION <u>700 11th St</u>   |                   |                              |                  |                 |               |       |
| In Violation Of <input checked="" type="checkbox"/> ORC <input type="checkbox"/> TMC # <u>2371.22 (A)(1)</u>   |                   |                              |                  |                 |               |       |
| CIRCLE ONE - MISD 1 2 3 4 M  |                   |                              |                  |                 |               |       |
| IT IS IMPORTANT THAT THE VIOLATOR READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM.  |                   |                              |                  |                 |               |       |
| <input checked="" type="checkbox"/> <input type="checkbox"/> Summons in lieu of arrest without warrant and complaint on such summons. Rule 4(A)3 READ NOTICE #1<br><input type="checkbox"/> <input checked="" type="checkbox"/> Summons after arrest without warrant and complaint on such summons. Rule 4(F) Read Notice #1<br><input type="checkbox"/> <input checked="" type="checkbox"/> Minor misdemeanor citation. Rule 4.1 READ NOTICE #2 |                   |                              |                  |                 |               |       |
| IF YOU FAIL TO APPEAR AT THE TIME AND PLACE STATED BELOW A WARRANT MAY BE ISSUED FOR YOUR ARREST   |                   |                              |                  |                 |               |       |
| SUMMONS  |                   |                              |                  |                 |               |       |
| You are ordered to appear at <u>11:30</u> P.M. on the <u>25</u> day of <u>June</u> <u>2010</u> in the Toledo Municipal Court, 555 N. Erie St., Toledo, Ohio.   |                   |                              |                  |                 |               |       |
| <u>John Northup</u> SIGNATURE OF DEFENDANT   |                   |                              |                  |                 |               |       |
| This complaint with summons was served personally on the defendant on <u>June 16</u> <u>2010</u> by <u>John Northup</u> SIGNATURE OF ISSUING OFFICER   |                   |                              |                  |                 |               |       |
| Officer's Name (print) <u>John Northup</u> I.D. No. <u>2346</u>  |                   |                              |                  |                 |               |       |

Plaintiff's Exhibit B - Police Report

000005